

Promote Iowans' Behavioral and Disabilities Health Status

**Cherokee Mental Health Institute
Independence Mental Health Institute
Glenwood Resource Center
Woodward Resource Center
Conner Training
Civil Commitment Unit for Sexual Offenders
Department-Wide Duties
MHDS Regional Funding**

Cherokee Mental Health Institute

PURPOSE

Cherokee Mental Health Institute (MHI) is one of Iowa's two mental health institutes providing short term psychiatric treatment and care for individuals with severe symptoms of mental illness. Cherokee has 24 adult beds and 12 child/adolescent beds.

WHO IS HELPED

Cherokee provides inpatient psychiatric services to children, adolescents and adults.

80 percent of adult patients and 53 percent of the children and adolescent patients were involuntarily admitted in SFY19.

Individuals who are involuntarily committed for psychiatric treatment have been determined by the court to be a danger to themselves or others because of their symptoms of mental illness.

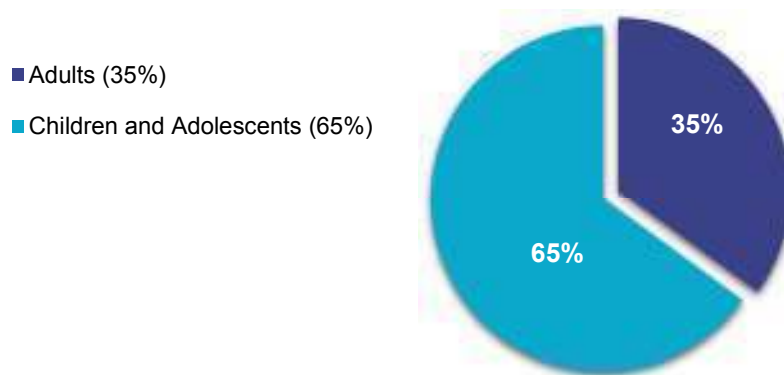
In SFY19:

- 287 admissions
- 323 total served
 - 113 adults
 - 210 children and adolescents

The average adult patient is a 34-year-old male who is involuntarily admitted. The average length of stay is 86 days.

The average child served in the inpatient program is a 13-year-old female who is involuntarily admitted. The average length of stay is 21 days.

Distribution of Patients by Age - SFY19



- ✓ Cherokee has a total of 36 beds or 5 percent of the 750 inpatient community psychiatric beds in the state.
- ✓ Cherokee served 62 percent of the total adult admissions to the MHIs in SFY19.
- ✓ Cherokee served 68 percent of the total child/adolescent admissions to MHIs in SFY19.

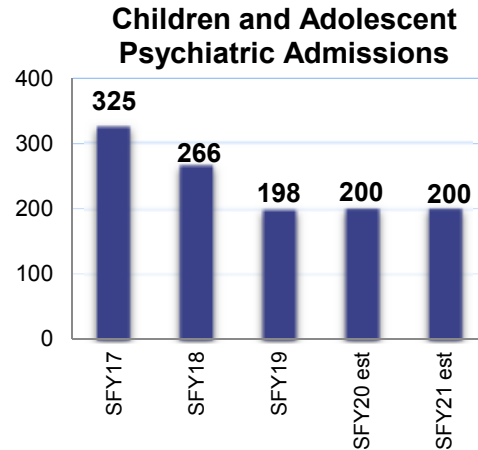
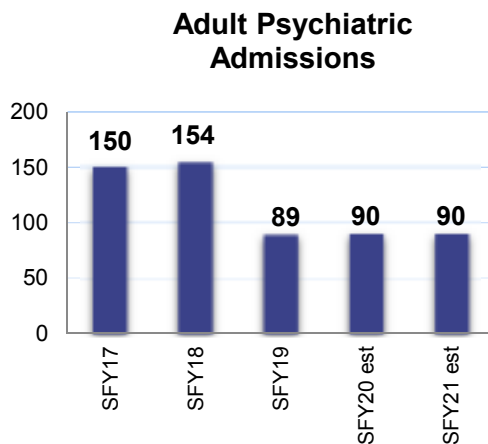
SERVICES

Adult Acute Psychiatric Services

- 24 inpatient beds.
- 24-hour psychiatric treatment and mental health habilitation.

Inpatient Psychiatric Services for Children and Adolescents

- 12 inpatient beds.
- 24-hour psychiatric treatment and mental health habilitation.
- Education for children and adolescents provided by the MHI school.



The number of admissions is decreasing because the length of stay (LOS) is increasing thereby reducing the number of available vacancies for new admissions. Increased LOS is due primarily to an increased number of admissions of individuals with more severe, chronic symptoms of mental illness that take longer to treat including individuals admitted for competency restoration related to competency to stand trial for criminal charges and rule 2.22(8) (not guilty by reason of insanity).

- ✓ *Cherokee is accredited by The Joint Commission.*
- ✓ *35 percent of the staff are direct care, 25 percent are professional and treatment professionals, 1 percent is educational, 10 percent are maintenance, 15 percent are other support staff, and 14 percent are administrative.*
- ✓ *In SFY20, 84.2 percent of the Cherokee MHI operating budget is for staffing costs and 15.8 percent is for the support costs.*
- ✓ *11 main buildings on 209 acres.*

GOALS & STRATEGIES

Goal: Promote Iowa's Behavioral Health Status

Strategy:

- Improve the level of functioning of individuals served.
- Provide quality discharge planning to reduce readmission rate.
- Reduce the use of restraint and seclusion.

Results in SFY19:

- 100 percent of adult and child/adolescent patients showed improvement in ability to function as measured by the Global Assessment of Functioning (GAF).
- 99 percent of adults are not readmitted within 30 days of discharge.
- 24 minutes of restraint are used per 1,000 hours of adult inpatient hours.
- 1 hour, 16 minutes of restraint are used per 1,000 hours of child/adolescent inpatient hours.

COST OF SERVICE

MHI per diems are defined in Iowa Code and based on cost of care in a calendar year. This means that SFY20 per diems are based on costs experienced January 1, 2018 through December 31, 2018.

Daily per diem rate:

Adult psychiatric, \$892.28

Child/adolescent psychiatric, \$654.67

Cost per episode of care:

Adult psychiatric, \$59,471

Child/adolescent psychiatric, \$13,279

- ✓ *Eight other entities operate programs on the Cherokee campus.*
- ✓ *The Civil Commitment Unit for Sexual Offenders (CCUSO) pays Cherokee for support services such as meals and maintenance. Census growth in CCUSO will require additional support staff in SFY21.*

FUNDING SOURCES

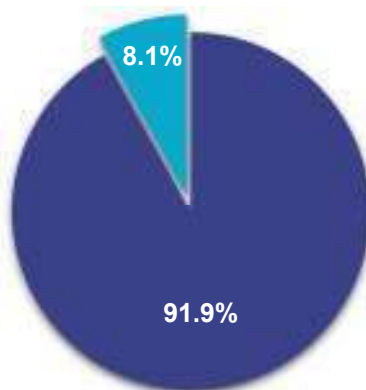
The Cherokee Mental Health Institute is largely funded by state general funds with a small amount of funding from other sources.

The total budget for SFY20 is \$15,495,147:

- \$14,245,968 (91.9 percent) is state general fund.
- \$1,249,179 (8.1 percent) is from other funding sources.

SFY20 Funding

- State General Fund (91.9%)
- Other Funding (8.1%)



- ✓ *The eligible adult patient's county of residence is required to pay 80 percent of the county capped per diem, minus any third party payments such as Medicaid, Medicare, or private insurance. All but a very small portion of these receipts are deposited in the state general fund.*
- ✓ *Medicaid or private insurance pays for services for children under the age of 21.*
- ✓ *Cherokee receives a direct appropriation from the general fund.*

LEGAL BASIS

State:

- Code of Iowa, Chapters 125, 217, 218, 225C, 226, 229, 230, 812
- Iowa Administrative Code, 441 IAC 28 and 29

Independence Mental Health Institute

PURPOSE

Independence Mental Health Institute (MHI) is one of Iowa's two mental health institutes providing short term psychiatric treatment and care for individuals with severe symptoms of mental illness. Independence has 40 adult beds and 16 child/adolescent beds.

WHO IS HELPED

Independence provides inpatient psychiatric services to children, adolescents and adults.

95 percent of the adult and 75 percent of the children and adolescent patients were involuntarily admitted in SFY19.

Individuals who are involuntarily committed for psychiatric treatment have been determined by the court to be a danger to themselves or others because of their symptoms of mental illness.

In SFY19:

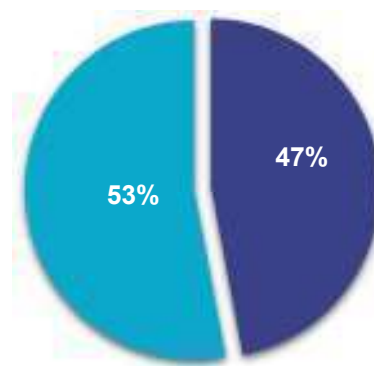
- 148 admissions
- 204 total served:
 - 95 adults
 - 109 children and adolescents

The average adult patient is a 42-year-old female who is involuntarily admitted. The average length of stay is 191 days due to some individuals who need longer-term care.

The average child/adolescent served in the inpatient program is a 15-year-old female who is involuntarily admitted. The average length of stay is 52 days.

Distribution of Patients by Age - SFY19

- Adults (47%)
- Children and Adolescents (53%)



- ✓ *Independence has a total of 56 beds or 7.5 percent of the 750 inpatient community psychiatric beds in the state.*
- ✓ *Independence served 38 percent of the total adult admissions to the MHIs in SFY19.*
- ✓ *Independence served 32 percent of the total child/adolescent admissions to the MHIs in SFY19.*

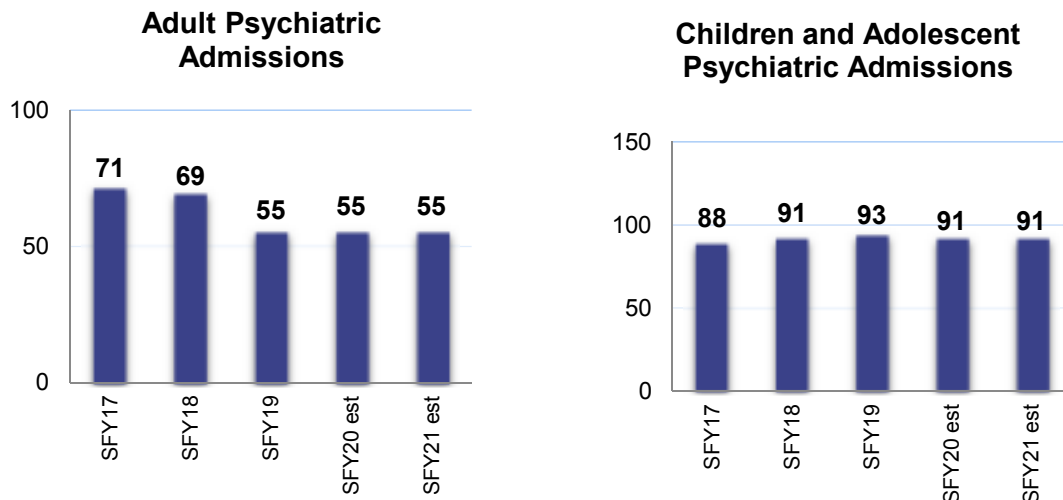
SERVICES

Adult Acute Psychiatric Services

- 40 inpatient beds.
- 24-hour psychiatric treatment and mental health habilitation.

Inpatient Psychiatric Services for Children and Adolescents

- 16 inpatient beds.
- 24-hour psychiatric treatment and mental health habilitation.
- Education for children and adolescents provided by the MHI school.



The number of admissions is decreasing because the length of stay (LOS) is increasing thereby reducing the number of available vacancies for new admissions. Increased LOS is due primarily to an increased number of admissions of individuals with more severe, chronic symptoms of mental illness that take longer to treat including individuals admitted for competency restoration related to competency to stand trial for criminal charges and rule 2.22(8) (not guilty by reason of insanity).

- ✓ *Independence is accredited by The Joint Commission.*
- ✓ *51 percent of the staff are direct care, 14 percent are professional and treatment professionals, 4 percent are educational, 7 percent are maintenance, 12 percent are other support staff, and 12 percent are administrative.*
- ✓ *In SFY20, 83 percent of the Independence MHI operating budget is for staffing costs and 17 percent is for the support costs.*
- ✓ *4 main buildings on 276.60 acres (76.9 acres managed by Iowa Prison Industries.)*

GOALS & STRATEGIES

Goal: Promote Iowa's Behavioral Health Status

Strategy:

- Improve the level of functioning of individuals served.
- Provide quality discharge planning to reduce readmission rate.
- Reduce the use of restraint and seclusion.

Results in SFY19:

- 100 percent of children/adolescent and 97 percent of adult patients showed improvement in ability to function as measured by the Global Assessment of Functioning (GAF).
- 100 percent of adults were not readmitted within 30 days of discharge.
- 1 hour 12 minutes of restraint are used per 1,000 hours of adult inpatient hours.
- 21 minutes of restraint are used per 1,000 hours of child/adolescent inpatient hours.

COST OF SERVICE

MHI per diems are defined in Iowa Code and based on cost of care in a calendar year. This means that SFY20 per diems are based on costs experienced January 1, 2018 through December 31, 2018.

Daily per diem rate:

Adult psychiatric, \$880.47

Child/Adolescent psychiatric, \$1,026.26

Cost per episode of care:

Adult psychiatric, \$144,267

Child/Adolescent psychiatric, \$53,624

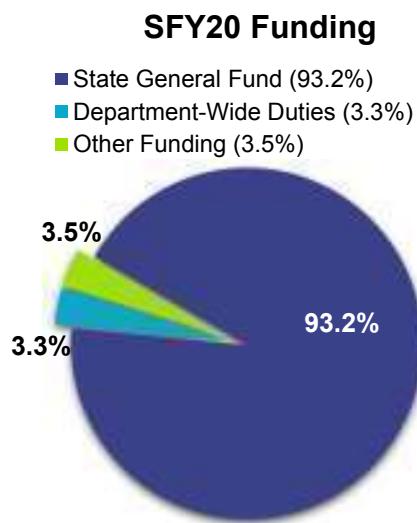
✓ *Four entities operate programs on the Independence campus.*

FUNDING SOURCES

The Independence Mental Health Institute is funded by state general funds with a small amount of funding from other sources.

The total budget for SFY20 is \$20,601,763:

- \$19,201,644 (93.2 percent) is state general fund.
- \$679,274 (3.3 percent) is transferred from department-wide duties (MO2).
- \$720,845 (3.5 percent) is from other funding sources



- ✓ *The eligible adult patient's county of residence is required to pay 80 percent of the county capped per diem, minus any third party payments such as Medicaid, Medicare, or private insurance. All but a very small portion of these receipts are deposited in the state general fund.*
- ✓ *Medicaid or private insurance pays for services for children under the age of 21.*
- ✓ *Independence receives a direct appropriation from the general fund.*

LEGAL BASIS

State:

- Code of Iowa, Chapters 125, 217, 218, 225C, 226, 229, 230, 812
- Iowa Administrative Code, 441 IAC 28 and 29

Glenwood Resource Center

PURPOSE

Glenwood Resource Center (GRC) is one of two State Resource Centers that provide a full range of active treatment and habilitation services to individuals with severe intellectual disabilities and it serves to support them to live safe and successful lives in the home and community of their choice.

WHO IS HELPED

Individuals who live at GRC have an intellectual or other developmental disability that require treatment and support at the level of care provided by an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID).

Individuals are admitted because of significant behavioral challenges or medical issues requiring intensive and complex active treatment that community service providers are unwilling or unable to provide.

In SFY19, three individuals were admitted and 15 were discharged. At the end of SFY19, 200 individuals resided at GRC. Of these, 200 (100 percent) are voluntary and no one was involuntarily committed by courts.

- One is a child, 17 or younger.
- 155 are adults 18 to 64.
- 44 are adults 65 or older.

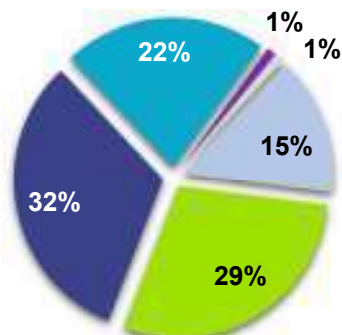
Of these individuals:

- 79 percent have a dual diagnosis of mental illness and intellectual disability.
- 81 percent have an eating and chewing disorder (dysphagia) that make it difficult to take in enough food and fluids.
- 61 percent are at high risk for sustaining injuries due to challenging behaviors.
- 62 percent have a seizure disorder.
- 32 percent are at high risk of food or liquid entering the airway and lungs, causing respiratory problems or infections, such as frequent bouts of pneumonia (i.e., aspiration).

A typical individual has an intellectual disability and an additional co-occurring condition such as eating and chewing disorders (dysphagia), ingesting inedible objects (PICA), self-injurious or assaultive behaviors and other severe health and behavioral difficulties.

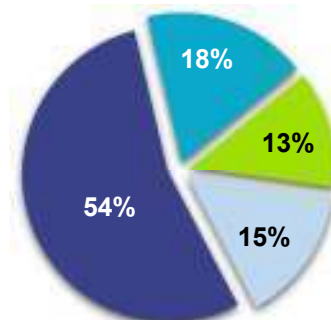
**GRC Individuals Served
by Age SFY19 Year-End**

0-5 (0%) 6-12 (0%) 13-17 (1%)
18-21 (1%) 22-34 (15%) 35-54 (29%)
55-64 (32%) 65+ (22%)



**Intellectual Functioning Level
SFY19 Year-End**

Profound - IQ below 20 (54%)
Severe - IQ 20 to 34 (18%)
Moderate - IQ 35 to 49 (13%)
Mild - IQ 50 to 69 (15%)



- ✓ *An individual is admitted after no community-based provider has been found that can meet the individual's service needs and if the Resource Center has the appropriate program and adequate capacity for the admission.*

SERVICES

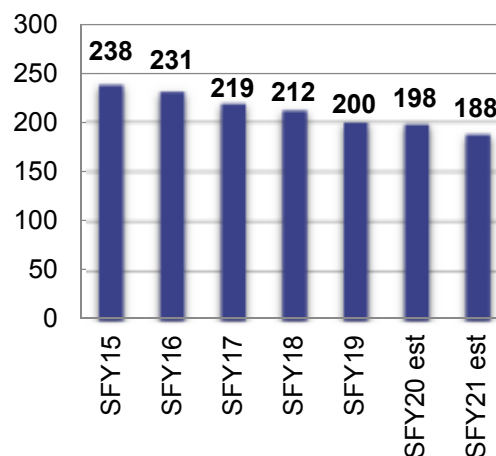
GRC maintains federal Medicaid certification as an ICF/ID.

- GRC provides active treatment and support services for individuals with intellectual disabilities.
- GRC actively supports individuals to move into appropriate community-based living and to be contributing members of their community.

GRC Home & Community-Based Services (HCBS)

- GRC is also a Medicaid-funded Home and Community Based Services provider.
- In SFY19, GRC provided daily HCBS supported community living services to 20 individuals at five locations in Glenwood.

GRC ICF/ID Year-End Census



- ✓ *69 percent of the staff are direct care, 10 percent are treatment professionals, 6 percent are maintenance, 8 percent are other support staff, and 7 percent are administrative.*
- ✓ *In SFY20, 76.7 percent of the Glenwood Resource Center operating budget is for staffing costs and 23.3 percent is for support costs.*
- ✓ *GRC has 200 operational beds and is the largest ICF/ID in the state.*
- ✓ *Eleven tenants lease space and operate programs on the GRC campus.*
- ✓ *GRC maintains 97 buildings and 231.48 acres on campus.*

GOALS & STRATEGIES

Goal: Promote choice for people with disabilities.

Strategy:

- Promote access to community-based options for persons with disabilities.
- Prepare and support individuals discharged from GRC to remain in the community.

Results in SFY19:

- GRC had a net decrease in population of 12. In the past five years, GRC has reduced its population by 19 percent.
- 39 percent of GRC individuals earned wages through employment.
- 100 percent of GRC discharged individuals remained in the community at least 180 days after discharge.

COST OF SERVICE

The daily per diem rate is \$934.23.

The total annual cost of care per person served is \$341,928.

- ✓ *The State Resource Center per diem covers more extensive services such as physician, medication, adaptive equipment and other medical costs.*
- ✓ *Private ICFs/ID do not include these costs in their per diem and community medical providers separately bill for individuals served by private ICFs/ID.*

FUNDING SOURCES

The GRC is funded primarily by state general funds and federal Medicaid funds with additional funding from other sources.

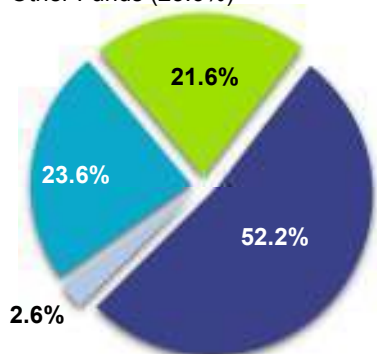
The total budget for SFY20 is \$76,883,318:

- \$16,605,259 (21.6 percent) is state general fund.
- \$40,100,485 (52.2 percent) is federal funding.
- \$18,181,195 (23.6 percent) is other funding.
- \$ 1,996,379 (2.6 percent) is client participation.

Other funding includes \$8.6 million from the Medical Assistance appropriation, tax assessments, rental and lease receipts, Medicare Part D, and HCBS revenues. Client participation reflects an assessed amount the individual clients pay towards the cost of care.

SFY20 Funding

- State General Fund (21.6%)
- Federal (52.2%)
- Client Participation (2.6%)
- Other Funds (23.6%)*



* Includes Medical Assistance Appropriation

- ✓ *Federal Medical Assistance Percent is projected to increase from 60.88 percent in SFY20 to 61.99 percent in SFY21. The resulting reduction in state funds is expected to be offset by cost increases in other areas.*
- ✓ *If the revenues and census continue to decline at both resource centers, each will continue to “right size” to better match resources to the needs and number of individuals served.*

LEGAL BASIS

Federal:

- Code of Federal Regulations, CFR 483.400 to 483.480
- The State Resource Center must comply with the Conner Consent Decree and the United States Department of Justice Consent Decree

State:

- Iowa Code, Chapters 222 and 135C
- Iowa Administrative Code, 441 IAC 28 and 30 and 481 IAC 50, 52, and 64.

Woodward Resource Center

PURPOSE

Woodward Resource Center (WRC) is one of two State Resource Centers that provide a full range of active treatment and habilitation services to individuals with severe intellectual disabilities and it serves to support them to live safe and successful lives in the home and community of their choice.

WHO IS HELPED

Individuals who live at WRC have an intellectual or other developmental disability that require treatment and support services at level of care provided by an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID).

Individuals are admitted because of significant behavioral challenges or medical issues requiring intensive and complex active treatment that community service providers are unwilling or unable to provide.

In SFY19, 8 individuals were admitted and 11 were discharged. At the end of SFY19, 131 individuals resided at WRC. Of these, 124 (95 percent) are voluntary and seven (5 percent) are involuntarily committed by courts.

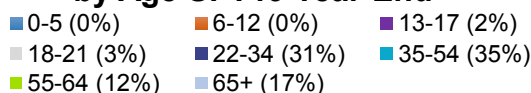
- Three are children, 17 or younger.
- 106 are adults, 18 to 64.
- 22 are adults, 65 or older.

Of these individuals:

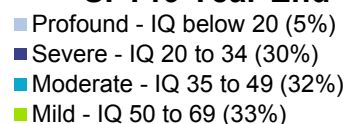
- 95 percent have a dual diagnosis of mental illness and intellectual disability.
- 53 percent have an eating and chewing disorder (dysphagia) that makes it difficult to take in enough food and fluids.
- 67 percent are at high risk for sustaining injuries due to challenging behaviors.
- 31 percent have a seizure disorder.
- 32 percent are at high risk of food or liquid entering the airway and lungs, causing respiratory problems or infections, such as frequent bouts of pneumonia (i.e., aspiration).

A typical individual has an intellectual disability and an additional co-occurring condition such as eating and chewing disorders (dysphagia), ingesting inedible objects (PICA), self-injurious or assaultive behaviors and other severe health and behavioral difficulties, including sexual offending.

**WRC Individuals Served
by Age SFY19 Year-End**



**Intellectual Functioning Level
SFY19 Year-End**



- ✓ *An individual is admitted after no community-based provider has been found that can meet the individual's service needs and if the Resource Center has the appropriate program and adequate capacity for the admission.*

SERVICES

WRC maintains federal Medicaid certification as an ICF/ID.

- WRC provides active treatment and support services for individuals with intellectual disabilities.
- WRC actively supports individuals to move into appropriate community-based living and to be contributing members of their community.

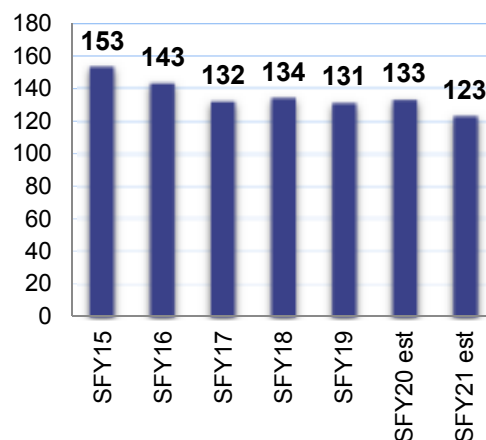
WRC Home & Community-Based Services (HCBS)

- WRC is also a Medicaid-funded Home and Community Based Services provider.
- In SFY19, WRC provided daily HCBS supported community living services to 40 individuals at 12 locations throughout central Iowa.

Iowa Technical Assistance and Behavioral Supports (I-TABS)

- Funded by the Iowa Medicaid Enterprise, WRC's I-TABS provides specialized training and programmatic technical assistance to Medicaid provider agencies and others. I-TABS builds community capacity to appropriately meet the serious behavioral needs of individuals with disabilities to avoid or reduce more restrictive facility placement.

WRC ICF/ID Year-End Census



- ✓ *64 percent of the staff are direct care, 13 percent are treatment professionals, 7 percent are maintenance, 8 percent are other support staff, and 8 percent are administrative.*
- ✓ *In SFY20, 76.6 percent of the Woodward Resource Center operating budget is for staffing costs and 23.4 percent is for support costs.*
- ✓ *WRC has 133 operational beds and is the second largest ICF/ID in the state.*
- ✓ *Two tenants lease space and operate programs on the WRC campus.*
- ✓ *WRC maintains 92 buildings on 1,144.4 total acreage (460.8 acres managed by WRC and 683.6 acres managed by Iowa Prison Industries as rented farmland).*

GOALS & STRATEGIES

Goal: Promote choice for persons with disabilities.

Strategy:

- Promote access to community-based options for persons with disabilities.
- Prepare and support individuals discharged from WRC to remain in the community.

Results in SFY19

- WRC had a net decrease in population of three. In the past five years, WRC reduced its population by 17 percent.
- 77 percent of WRC individuals earned wages through employment.
- 100 percent of WRC discharged individuals remained in the community at least 180 days after discharge.

COST OF SERVICE

The daily per diem rate is \$934.86.

The total annual cost of care per person served is \$342,158.

- ✓ *The State Resource Center per diem covers more extensive services such as physician, medication, adaptive equipment and other medical costs.*
- ✓ *Private ICFs/ID do not include these costs in their per diem and community medical providers separately bill for individuals served by private ICFs/ID.*

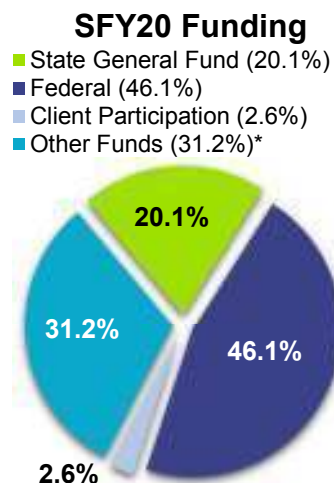
FUNDING SOURCES

The WRC is funded primarily by state general funds and federal Medicaid funds with additional funding from other sources.

The total budget for SFY20 is \$56,729,969:

- \$11,413,360 (20.1 percent) is state general fund.
- \$26,151,857 (46.1 percent) is federal funding.
- \$17,705,721 (31.2 percent) is other funding.
- \$ 1,459,031 (2.6 percent) is client participation.

Other funding includes \$6.8 million from the Medical Assistance appropriation, tax assessments, rental and lease receipts, Medicare part D, Iowa's Technical Assistance and Behavior Supports (I-TABS), and HCBS revenues. Client participation reflects an assessed amount the individual clients pay towards the cost of care.



*Includes Medical Assistance Appropriation

- ✓ *Federal Medical Assistance Percent is projected to increase from 60.88 percent in SFY20 to 61.99 percent in SFY21. The resulting reduction in state funds is expected to be offset by cost increases in other areas.*
- ✓ *If the revenues and census continue to decline at both resource centers, each will continue to “right size” to match the needs and numbers of individuals served.*

LEGAL BASIS

Federal:

- Code of Federal Regulations, CFR 483.400 to 483.480
- The State Resource Center must comply with the Conner Consent Decree and the United States Department of Justice Consent Decree

State:

- Iowa Code, Chapters 222 and 135C

Iowa Administrative Code, 441 IAC 28 and 30 and 481 IAC 50, 52, and 64.

Conner Training

PURPOSE

This fund provides financial support to transition individuals currently residing in the two State Resource Centers to community living settings of their choice. Conner Training annual appropriation is mandated by a consent decree in 1994.

WHO IS HELPED

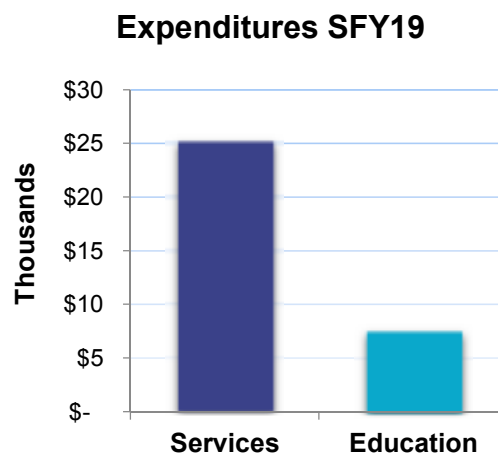
Conner Training funds provide training and educational materials to assist people living in the State Resource Centers who wish to move to home or community settings.

SERVICES

The Department contracts with the Center for Excellence at the University of Iowa to administer this funding.

Transition Services: Conner funding helps to fill small funding gaps for people transitioning to home or community care or remaining in their community placements. It covers items such as rent, utilities, and other items for interim housing needs. Most transition funding comes from Medicaid or other sources.

Education Services: Conner funds support the www.disabilitytraining.org website, the “Let’s Talk Disability” blog, the *Possibilities* newsletter, and a Facebook page.



GOALS & STRATEGIES

Goal: Promote choice for seniors and persons with disabilities.

Strategy: Promote access to community-based options for persons with disabilities.

Results in SFY19:

- 10 unduplicated individuals received funding.
- Three individuals transitioning from the resource centers were supported by Conner funds.
- Seven individuals who had resided in a resource center were supported in remaining in the community.

COST OF SERVICE

Of the \$33,632 appropriation in SFY19, \$25,155 supported the transition of three individuals moving to community settings and seven individuals to remain in their community. The average cost per person was \$2,516. About \$7,406 was expended to support the Disabilitytraining.org website, the Possibilities Newsletter, and other educational media.

FUNDING SOURCES

Conner funding is entirely state general fund. The appropriation is constant from year to year at \$33,632.

LEGAL BASIS

State:

The Iowa General Assembly was mandated to annually fund the Conner Training by the consent decree of Conner v. Branstad, No. 4-86-CV-30871 (433 S.D. Iowa, July 14, 1994).

Civil Commitment Unit for Sexual Offenders

PURPOSE

Civil Commitment Unit for Sexual Offenders (CCUSO) provides secure, long term, highly structured inpatient treatment for violent sexual predators who have served their prison terms but in a separate civil trial have been found likely to commit further violent sexual offenses. The program was created by statute in 1998, and began operations on April 21, 1999.

WHO IS HELPED

CCUSO provides secure treatment services to individuals who have been committed by the court for treatment purposes.

The department cannot deny a court-ordered admission. Annual court reviews of each individual's progress are required to determine if the commitment will continue.

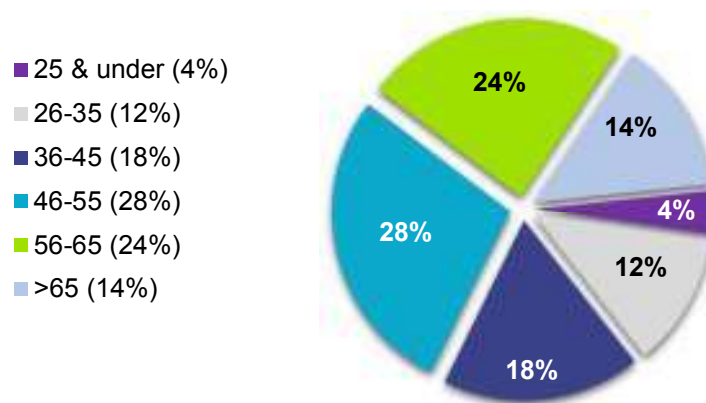
There are 128 individuals in the program as of June 30, 2019:

- 104 resided in the secure, committed program;
- 16 resided in the transition release program;
- 4 were in release with supervision;
- 4 were in prison/jail.

Ten (10) admissions occurred in SFY19 and 135 individuals were served.

All current patients are male. Ages range from 23 to 77 years of age. The average age is 50 years. The average patient has one or more chronic medical conditions and is on several prescribed medications.

Age of Patients Served in SFY19



- ✓ *There are 22 states with inpatient treatment programs like CCUSO.*
- ✓ *Courts have determined that treatment programs like CCUSO are constitutional if they provide treatment services.*
- ✓ *The constitutionality of programs like CCUSO has been challenged in Minnesota, Missouri, and North Dakota. The Eighth Circuit's holding in the Minnesota case reversed a district court finding that Minnesota's program was unconstitutional.*

- ✓ *CCUSO had litigation challenging the constitutionality of its program as well and the District Court ruled in favor of the program. However, the Court asked that CCUSO continue to improve and increase therapy and options for the patients. This does not preclude patients from raising similar issues to the Court in the future.*

SERVICES

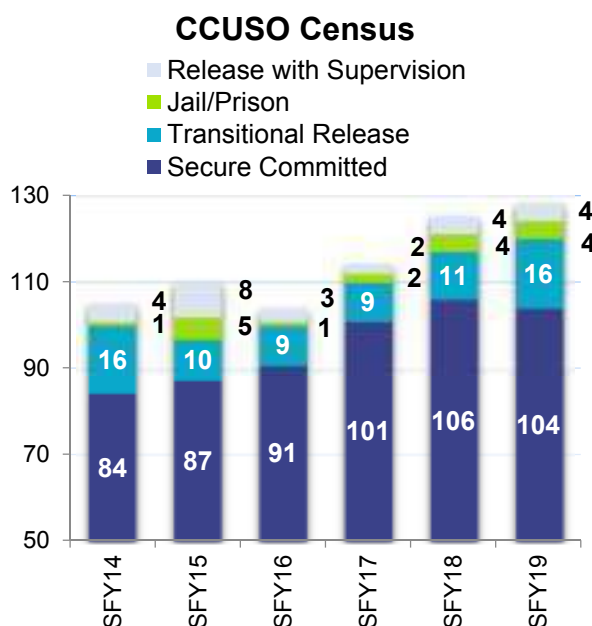
CCUSO has a five-phase treatment program that includes groups and individual therapy, educational programming, physiological assessments, and a transition program.

Treatment is based on the current best practice of Risk-Need-Responsivity Model (RNR) that is based on the principles of:

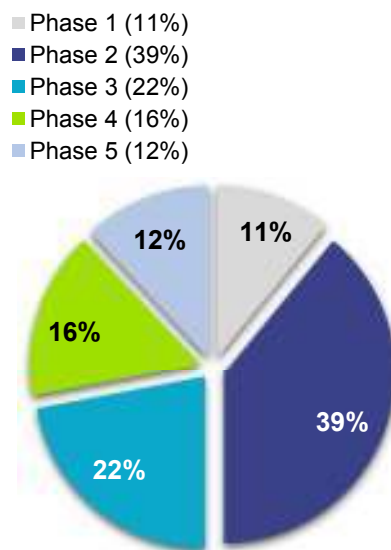
- Respect for the person
- Behavior is changeable, and
- Treatment is based on the patients' needs.

The three components of RNR are:

- Risk: Matches the level of service to the patient's risk to re-offend.
- Needs: Targeting changeable risk factors linked to the patient's offending.
- Responsivity: Matching services to the patient's learning style and needs.



Average Patient Treatment Phase SFY19



Patients that are court-ordered are first placed in the secure, committed treatment program. When the patient's treatment progresses sufficiently, the court may order the patient to transition release.

In transition release, the patient continues treatment, but has more access to the community under various degrees of supervision. When the patient's treatment progresses sufficiently while in transition release, the court may order the patient to release with supervision.

Community Based Corrections provides release with supervision under contract with CCUSO. Individuals under release with supervision generally live in community correction or community-based settings, continue to receive treatment, and work in the community.

When the patient progresses sufficiently while under release with supervision, the court may decide to discharge the individual from the program.

The court may also order the patient to move more quickly through this process if the court believes faster movement is justified based on the patient's annual reviews and other relevant court testimony.

Since the program began in 1999 and through June 30, 2019, 51 patients have left CCUSO:

- 37 released when court determined no longer met commitment criteria
 - 14 died
-
- ✓ *In addition to an annual evaluation completed and submitted to the court, each patient receives an individualized Master Treatment Plan that is updated annually, as well as Action Plans, which are completed every 90 days to assess treatment progress. Patients' participation and treatment engagement are also assessed after each group/individual therapy session, and through periodic risk assessments.*
 - ✓ *Each medical appointment or stay at the University of Iowa necessitates at least two CCUSO staff to travel with the patient for safety purposes. This takes staff "off line" for that period of time. In SFY19 there were 184 such visits.*
 - ✓ *85 percent of the staff are direct care, 11 percent are professional and treatment professionals, 4 percent are administrative/support.*
 - ✓ *In SFY20, 85.1 percent of the CCUSO operating budget is for staffing costs and 14.9 percent is for support costs.*
 - ✓ *An increase in overall in-house census is expected to continue. The CCUSO census reached budgeted capacity in SFY18 and a new unit was added through SFY19 appropriations.*

GOALS & STRATEGIES

Goal: Effectively Manage Resources

Strategy:

- Provide effective treatment allowing patients to meet discharge criteria.
- Avoid restraints for behavior management.

Results in SFY19:

- As of June 30, 2019, there were 16 patients in transitional release, and four patients in release with supervision.
- 38.84 seconds of restraint is used per 1,000 hours of inpatient hours.

- ✓ *CCUSO emphasizes work skills and employment as a key treatment modality.*

COST OF SERVICE

The daily per diem rate is \$287.37.

The total annual cost of care per person served is \$93,549.

The daily per diem rate and the annual cost of care per person include costs for payments to Community Based Corrections for supervision and housing for individuals in release with supervision and costs associated with litigation.

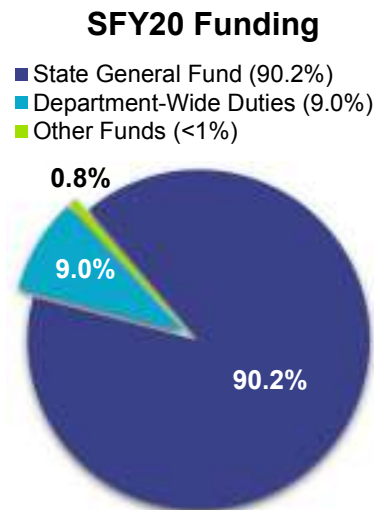
- ✓ *CCUSO co-campuses with Cherokee MHI and purchases support services from Cherokee MHI.*
- ✓ *The number of court ordered CCUSO admissions exceeds discharges causing the census to grow. This causes the secure, committed and/or transitional release portions of the program to eventually exceed capacity. This will necessitate opening additional units, hiring more staff and increasing costs. This is typical for these programs throughout the United States.*

FUNDING SOURCES

CCUSO is funded by state general funds, with a small amount of funding from other sources.

The total budget for SFY19 is \$13,382,102:

- \$12,070,565 (90.2 percent) is state general fund.
- \$1,200,000 (9 percent) transferred from department-wide duties (MO2).
- \$111,537 (less than 1 percent percent) is from other funding.



✓ *When patients in transitional release are employed, they pay housing rental.*

LEGAL BASIS

State:

- Iowa Code, Chapter 229A
- Iowa Administrative Code, 441 IAC 31

Department-Wide Duties

PURPOSE

Department-Wide Duties funds are used to provide needed funding to the DHS facilities to ensure adequate staffing among the facilities, and for support, maintenance and miscellaneous purposes at the facilities.

WHO IS HELPED

Department-Wide Duties funds have helped fill shortfalls in the Department's facilities' general fund appropriations. It has also been used to pay the on-going costs charged to the Department for the Iowa Juvenile Home, Clarinda and Mt. Pleasant even though these facilities are closed.

SERVICES

The facilities are required to serve individuals with mental illness and intellectual disabilities, males adjudicated delinquent and court-ordered to the State Training School, and those individuals determined to be sexually violent predators and committed by the courts to the Civil Commitment Unit for Sexual Offenders.

COST OF SERVICE

The Department-Wide Duties funds for SFY20 have been preliminarily allocated to the facilities based on anticipated need as follows:

SFY20 Allocation	Eldora	CCUSO	Independence	TOTAL
Basic Operations	\$1,000,000	\$1,200,000	\$435,624	\$2,635,624
Closed Facilities			\$243,650	\$ 243,650
	<u>\$1,000,000</u>	<u>\$1,200,000</u>	<u>\$679,274</u>	<u>\$2,879,274</u>

Each year the facilities are required to increase their spending due to costs largely outside of our control, the largest of which are related to the following salary and benefit costs:

- Staff salary cost of living increases,
- Staff salary merit increases, and
- Increases in the employer's share of health insurance.

FUNDING SOURCES

The Department has received a general fund appropriation of \$2,879,274 "For salaries, support, maintenance, and miscellaneous purposes at facilities under the purview of the department of human services" for SFY17-20.

Department-Wide Duties funding helps fill shortfalls in the department's facilities' general fund appropriations. It has also been used to pay the on-going costs charged to the department for the Iowa Juvenile Home, Clarinda, and Mt. Pleasant, even though these facilities are closed.

LEGAL BASIS

2019 Iowa Acts, Chapter 85 (HF766) Sec. 29.

MHDS Regional Funding

PURPOSE

The MHDS Regions are responsible for Mental Health and Disability Services (MHDS) for eligible adults and children that are not covered by the medical assistance program or other insurance coverage. The primary funding source is a regional per capita property tax levy. State appropriations are also sometimes provided.

WHO IS HELPED

The MHDS Regions are required to ensure a set of core services are accessible to adult Iowans with mental illness (MI) or intellectual disability (ID), and children with a serious emotional disturbance (SED) in the region. MHDS Regions may also fund services in the additional core service domains if public funds are available.

Eligible individuals include adults who have an MI or ID and children who have an SED who have met financial eligibility requirements as identified in Iowa Administrative Code 441 IAC 25.16.

After the MHDS Region has ensured that core services are provided to individuals with an MI and/or ID, and children with an SED, the MHDS Region may provide services to individuals with a brain injury (BI) or other developmental disability (DD), or children with an MI, ID, or DD.

- ✓ *MHDS Regions are meeting core service requirements as well as continuously working to meet the access standards for those services.*
- ✓ *MHDS Regions have used a portion of their fund balances to develop new core services for individuals with serious mental illness with complex service needs and add additional core services, such as jail diversion.*
- ✓ *MHDS Regions have added tele-psychiatry to local hospitals without psychiatric units to provide immediate mental health crisis assessment in the emergency rooms.*
- ✓ *2019 Iowa Acts, Chapter 61 (HF690) addresses the children's behavioral health system. This legislation added more services to the set of core services required by the MHDS Regions and requires regions to fund services for eligible children with an SED. The Department must have rules to define the services, implementation dates, access standards, and provider standards noticed by January 1, 2020.*

SERVICES

The MHDS Regions are required to ensure access to a set of core services for individuals that have an MI and/or ID, including:

- Treatment
- Basic crisis response
- Support for community living
- Recovery services
- Service coordination
- Access centers
- Assertive community treatment (ACT) services
- Comprehensive facility and community-based crisis services:
 - Mobile response
 - 23-hour observation and holding
 - Crisis stabilization community-based
 - Crisis stabilization residential
 - Subacute services
- Intensive residential service homes

The MHDS Regions are required to ensure access to a set of core services for children who have an SED, including:

- Assessment and evaluation relating to eligibility for services
- Behavioral health inpatient treatment
- Behavioral health outpatient treatment
- Crisis stabilization community-based services
- Crisis stabilization residential services
- Early intervention
- Early identification
- Education services
- Medication prescribing and management
- Mobile response
- Prevention

After an MHDS Region has ensured that core services are available to priority populations, the region may provide additional core services.

Additional core services to adults with an MI and/or ID, include:

- Justice system involved services
- Advanced evidenced based treatment

Additional core services to children with an SED include:

- Support for community living, including but not limited to all of the following:
 - Family support
 - Peer support
 - Therapeutic foster care
 - Respite care
- Transition services for children, including but not limited to all of the following:
 - Day habitation
 - Job development
 - Supported employment
 - Prevocational services
 - Educational services
- Service coordination, including but not limited to all of the following:
 - Care coordination
 - Health homes

GOALS & STRATEGIES

Goal: Promote Iowans' Behavioral Health Status

Strategies:

- Provide access to mental health services
- Promote Peer Recovery
- Monitor use of MHDS Region county funding
- Ensure children with mental health conditions can be served in Iowa through effective community-based options

COST OF SERVICE

The total dollars spent by MHDS Regions on services and supports in SFY18 was \$112,783,098 based on SFY18 MHDS Regional annual service and budget plans (MHDS Regions had budgeted \$128,772,422).

In SFY19 MHDS Regions budgeted \$139,052,029 for services and supports.

In SFY20 MHDS Regions budgeted \$141,997,869 for services and supports.

FUNDING SOURCES

There are no State Funds used for MHDS Regional funding in SFY20. The MHDS Regional system is funded primarily by county property tax dollars.

On a statewide basis the maximum amount counties could have levied for MHDS Regions for SFY20 was \$116,529,104. The actual amount levied was \$78,371,283.

The estimated ending fund balance amount for all MHDS Regions in SFY19 is \$55,826,629 according to their Annual Service and Budget Plans. If calculated by utilizing a rolling balance from their SFY18 actual expenditures, the SFY19 budgeted ending balance is projected at \$69,836,731.

SFY18 through SFY20 Broadlawns Medical Center is required to transfer \$2.8M to Polk County for the MHDS Region and provide \$3.5M in services and supports. This is a total financial assist of \$6.3M to the Polk County MHDS Region. In SFY19 and SFY20, Polk County is allowed to transfer money from other county accounts for MHDS.

In SFY19, the MHDS Regions have budgeted having \$208,888,760 available in revenues. In SFY20, the MHDS Regions have budgeted having \$175,893,506 available in revenues.

LEGAL BASIS

State:

- Iowa Code 426B, 331.424A, 331.397, 331.396A, 331,397A